

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Libertarian Party of Michigan Executive Committee, Inc.

ADDRESS (number and street)

P.O. Box 614

(Check if address is changed)

Royal Oak

MI

48068

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

angelat0763@gmail.com

Optional Second E-Mail Address

swmi4liberty@be-innovative.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.michiganlp.net

2. DATE

MM / DD / YY  
02 / 05 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00403907

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thorton, Angela, , ,

Signature of Treasurer

Thorton, Angela, , ,

[Electronically Filed]

Date

MM / DD / YY  
02 / 05 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

EXHIBIT 11

## 5. TYPE OF COMMITTEE:

**Candidate Committee:**

(a)  This committee is a principal campaign committee. (Complete the candidate information below.)

(b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

  


(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

(d)  This committee is a  STA (National, State or subordinate) committee of the  LIB (Democratic, Republican, etc.) Party

**Political Action Committee (PAC):**

(e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.		

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.
<input type="checkbox"/> In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

(g)  This committee is an independent expenditure-only political committee (Super PAC).

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.
--

(h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.
--

**Joint Fundraising Representative:**

(i)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(j)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

2.

<input type="checkbox"/> C	<input type="text"/>
<input type="checkbox"/> C	<input type="text"/>

Write or Type Committee Name

**Libertarian Party of Michigan Executive Committee, Inc.****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE


Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Thorton, Angela, , ,

Full Name


Mailing Address

15223 Ripple Dr.

Linden

MI

48451

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

517 - 375 - 9924

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer


Mailing Address

15223 Ripple Dr.

Linden

MI

48451

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

517 - 375 - 9924

Full Name of Designated Agent	Brandenburg, Jason, F.,					
Mailing Address	2763 Chestnut Ridge Ave.					
	Portage					
	MI					
	49024					
	-					
	CITY ▲	STATE ▲	ZIP CODE ▲			
Title or Position ▼						
	Telephone number	586	-	491	-	8853

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Comerica Bank

Mailing Address	PO Box 75000		
	Detroit		
	MI		
	48275		
	-		
	CITY ▲	STATE ▲	ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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www.michiganlp.net

2. DATE

MM / DD / YY  
03 / 18 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00403907

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thornton, Angela, , ,

Signature of Treasurer

Thornton, Angela, , ,

[Electronically Filed]

Date

MM / DD / YY  
03 / 19 / 2023

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(Revised 06/2012)

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(b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate                 ", ", ", ", ,

Candidate Party Affiliation                  Office Sought:  House  Senate  President State                   
District                 

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate                 ", ", ", ", ,

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## Committees Participating in Joint Fundraiser

1.                 ", ", ", ", ,
2.                 ", ", ", ", ,

<u>C</u>	<u>                ", ", ", ", ,</u>
<u>C</u>	<u>                ", ", ", ", ,</u>

Write or Type Committee Name

**Libertarian Party of Michigan Executive Committee, Inc.****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE


Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Thornton, Angela, , ,

Full Name


Mailing Address

15223 Ripple Dr.


Linden

MI

48451


CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer


Telephone number 810 - 458 - 4698

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name Thornton, Angela, , ,  
of Treasurer


Mailing Address

15223 Ripple Dr.


Linden

MI

48451


CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer


Telephone number 810 - 458 - 4698

Full Name of Designated Agent	Brandenburg, Jason, F., [REDACTED]		
Mailing Address	2763 Chestnut Ridge Ave. [REDACTED] [REDACTED]		
	Portage	MI	49024 [REDACTED]
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼	[REDACTED]		
	Telephone number	586	- 491 - 8853 [REDACTED]

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Comerica Bank  
[REDACTED]

Mailing Address	411 W Lafayette Blvd [REDACTED] [REDACTED]		
	Detroit	MI	48226 [REDACTED]
	CITY ▲	STATE ▲	ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address	[REDACTED] [REDACTED] [REDACTED]		
	CITY ▲	STATE ▲	ZIP CODE ▲

: 97 A=G7 9 @ B9 CI G'H9 LH'F9 @ H98 HC'5 F9 DCF HZG7 <981 @ CF '+9A=N5 HCB

**Form/Schedule:** F1A

**Transaction ID :**

This amendment is to correct the spelling of the Treasurer and correct the bank address.

**Form/Schedule:**

**Transaction ID:**